

Air Raids

Editor,

Since publication of my paper on the air raids and the Ulster Hospital,¹ some additional interesting material has come to light. There is extensive correspondence on the amount of compensation to be paid by the Government for the damage suffered, not only for the building but also for each and every item lost.

Many letters of sympathy were received by the Board of Management from various organisations, individuals, etc. Amongst these is a letter from Sir Dawson Bates (Minister of Public Security) dated 23 July 1941 in which he praises the efforts of Mr RJ McConnell (Surgeon), Mr HI McClure (Gynaecologist), Miss EE Aicken (Matron) and Miss Dickson (Radiographer). This may have been in response to a letter dated one week earlier from Major J Maynard Sinclair MP (President of the Board) bringing to the Minister's attention the efforts of Mr McConnell and Miss Aicken but not mentioning Mr McClure or Miss Dickson. There are also letters dated six months later from Mr McConnell and Miss Aicken thanking the Board for their congratulations. In the Annual Report of the Board Management it is recorded "For their resolution and valiant services Mr RJ McConnell, MB, MCh, the Matron Miss Aicken and Miss Dickson, have been publicly commended". There is no record of any honours or decorations being presented to them so how they were commended cannot be accurately recorded.

Letters of sympathy were received from the other Belfast Hospitals, together with practical offers of assistance. The Royal Victoria Hospital offered two beds in each female surgical ward plus ten beds in the gynaecological ward – a total of twenty beds. There was also an offer of nurse training. A similar offer also accompanied the Royal Belfast Hospital for Sick Children's "very cordial invitation to the members of your Medical Staff to make all possible use of our Wards and Theatres for patients they wish to admit, under their own supervision, for treatment or operation".

The Samaritan Hospital suggested handing over a twenty-one bedded ward which was accompanied by a detailed contract of the costs to be paid by the Ulster Hospital (£2.10 per patient per week). In reply the generous offer was turned down "... in view of the fact that we have received other offers of assistance from hospitals in Belfast, we do not feel justified in entering into an arrangement from you on the terms proposed". In the event facilities became available at a disused school at Haypark off the Ormeau Road and while the generosity of the other hospitals was appreciated it was not necessary for the staff to use any of the facilities which were offered. Nevertheless the correspondence shows that there was a close and generous relationship between the hospitals in Belfast at that time.

CJH LOGAN *Honorary Archivist*, Ulster Community and Hospitals Trust, Upper Newtownards Road, Dundonald, Belfast BT16 1RH.

1. Logan CJH. Air raids and the 'Wee' hospital. *Ulster Med J* 2003; **72**(1): 38-42.

A Rash Imposition from a Lifestyle Omission: A Case Report of Pellagra

Editor,

Pellagra, described by Casal in 1735, is endemic in Africa and Asia where staple food is nicotinic acid deficient corn-based diet and related to poverty among refugees or displaced people.¹ It is infrequently seen in developed countries in chronic alcoholics or rarely in anorexia nervosa.

Case History: A 57 year-old chronic smoker and alcoholic, suffering from pulmonary Koch's and peeling dermatitis, had presented with confusion, involuntary flinging of legs and irresistible grasping of hands. Bladder-bowel functions were normal. Besides pallor, beefy tongue and polymorphic ronchi, physical examination was unremarkable. Neurological examination revealed rigidity and weakness in all four limbs, brisk reflexes, bilateral up-going planters, positive sucking and grasp reflex. Dermatological examination showed peeling dermatitis with erythema and pigmentation (*Fig 1*). Medication consisted of asthalin, rifampicin, isoniazide, pyrazinamide, ethambutol and multivitamin. Except 9.8gm% haemoglobin, routine plasma glucose, electrolytes, renal and liver function tests were normal. Chest x-ray and abdominal ultrasound showed emphysematous lungs and hyperechoic 16cm fatty liver. Computerized tomography of brain was normal.



Figure 1. Peeling dermatitis of pellagra

Discussion: Antitubercular drug induced pellagra encephalopathy has never been described in the literature as opposed to that caused by chronic alcoholism and diarrhoea. We presenting an interesting case of full blown pellagra with cutaneous and neuro-psychiatric manifestations possibly caused by isoniazid-pyrazinamide and alcohol, treated with intravenous niacin leading to a dramatic recovery. Nicotinic acid dinucleotide and nicotinic acid dinucleotide phosphate, derived from dietary tryptophan, are essential co-enzymes in metabolism of intestinal, epidermal and more electron-sensitive neuronal cells. Pellagra is common in raw-spirit drinkers of rural populations in the Third World whose staple diet is niacin deficient jawar or maize with inadequate animal protein, fruits and vegetables. Secondary deficiency of niacin occurs in malabsorption and carcinoid syndrome, cirrhosis of liver and Hartnup disease. Prolonged therapy with